

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

		cetion of each violation	s specified in the ha	tracive portion of thi	15 Teport.				
Establishment Name					1 ^		nte of Inspection PERMIT #		
Primois Delicatessen					וויט טד זוצן .		-	19-235	
Establishment Address (number and street, city, state, zip code)						2/13	/20	11 23	
155 E. Main St. New Albay, IN 47150					502 262 4003				
Owner					Purpose:	Follow-up Release Date			
Dale Harris					Routine	NO TODAY			
Owner's Address					2. Follow-up	Summary	ry of Violations:		
Person in Charge					3. Complaint	1 i			
Dale Harris					4. Pre-Operational	$NC \frac{7}{R}$			
Responsible Person's E-mail					5. Temporary Menu Type (See back of page)			k of page)	
					6. HACCP				
Certified Food Manager					7. Other (list) 1 2 3 X 4 5				
Dale Haris (10/30/23)									
• CRITICAI	L ITEMS ARI	E IDENTIFIED IN THE C	HECKLIST AND NAR	RATIVE COLUMNS	MARKED "C"				
• VIOLATIO	ON(S) REPEA	TED FROM PREVIOUS	INSPECTIONS ARE D	ENOTED IN THE "SU	UMMARY OF VIOLATIONS" A	AND IN THE N	IARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative					To Be Corrected By	
204	.04 C Observed PIC handling collabore while				e prepping food		Corrected		
		- discussed	hands - Free	بطيع هلالاء	a markelan sole			<u> </u>	
245	NC	Observed ra	Observed PIC handling callphone while prepping food -discussed hands-free calling when working solo Observed rags outside of sourtieur solution/allowed to day.					Corrected Corrected	
297	1 MC Observed side malls of ice bin interior to be dirty						Corrected		
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Received by	(name and	title printed):	x 30		Inspected by (name and title		/ \		
	ALB	H. HARRY	9 HL.			Ingran	(EHS)		
Received by	y (signature)	V. //	/		Inspected by (signature):	•	•		
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